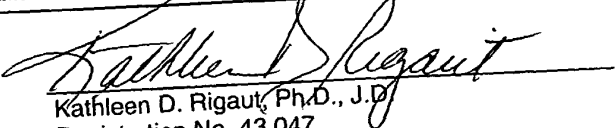


Please type a plus sign (+) inside this box → [+]

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	3460-CH.0210	Total Pages	110
	First Named Inventor or Application Identifier			
	Terri H. Finkel, et al. "METHODS AND COMPOSITIONS FOR INCREASING CD4 ⁺ T LYMPHOCYTE IMMUNE RESPONSIVENESS"			
	Express Mail Label No.	EV301974148US	Date Mailed: September 29, 2003	
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing) (Total Pages 84)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)			
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies			
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets 26)	ACCOMPANYING APPLICATION PARTS			
4. <input type="checkbox"/> Oath or Declaration (Total Pages) <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 Below]i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).				
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)			
	10. <input type="checkbox"/> English Translation Document (if applicable)			
	11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations			
	12. <input type="checkbox"/> Preliminary Amendment			
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
	14. <input checked="" type="checkbox"/> Small Entity Status is Claimed			
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)			
	16. <input type="checkbox"/> Other: _____			
17. a. If a CONTINUING APPLICATION , check appropriate box and supply requisite information. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of the following application(s), each of which is hereby incorporated herein by reference: 10/313,923, filed December 5, 2002				
b. Priority Applications In addition to any applications listed in 17a, the present application also claims priority to the following application(s), each of which is hereby incorporated herein by reference. Continuation of 09/294,949, filed April 20, 1999, which claims priority to U.S. Provisional Application No. 60/082,453, filed April 20, 1998				
18. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number 000110 or DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. 1601 Market Street, Suite 2400 Philadelphia, PA 19103-2307 Phone (215) 563-4100 Facsimile (215) 563-4044 to the attention of the individual identified below.				
 Kathleen D. Rigaut, Ph.D., J.D. Registration No. 43,047				

03916 U.S. PTO

10/673882

092903

<div style="display: flex; align-items: center;"> <div> 17698 U.S. PTO FREE TRANSMITTAL </div> </div>	Complete if known	
	Application Number: Not Yet Assigned	
	Filing Date: Filed Concurrently Herewith	
	First Named Inventor: Terri H. Finkel, et al.	
	Group Art Unit: Not Yet Assigned	
Examiner Name: Not Yet Assigned		
Total Amt. of Payment: (1)+(2)+(3)= \$912		
Attorney Docket Number: 3460-CH.0210		

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																						
<p>1. The Commissioner is hereby authorized to:</p> <p><input type="checkbox"/> Charge indicated fees</p> <p><input checked="" type="checkbox"/> Charge additional fees</p> <p><input checked="" type="checkbox"/> Credit overpayments</p> <p>to the account of DANN, DORFMAN, HERRELL & SKILLMAN</p> <p>Deposit Account Number <u>04-1406</u></p> <p>2. Payment enclosed:</p> <p style="text-align: right;">Check in the amount of <u>\$912</u></p>	<p>ADDITIONAL FEES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>Surcharge-late filing fee or oath</td><td style="text-align: right;">_____</td></tr> <tr><td>Surcharge - late provisional filing fee or cover sheet</td><td style="text-align: right;">_____</td></tr> <tr><td>Extension for response within first month</td><td style="text-align: right;">_____</td></tr> <tr><td>Extension for response within second month</td><td style="text-align: right;">_____</td></tr> <tr><td>Extension for response within third month</td><td style="text-align: right;">_____</td></tr> <tr><td>Extension for response within fourth month</td><td style="text-align: right;">_____</td></tr> <tr><td>Notice of Appeal</td><td style="text-align: right;">_____</td></tr> <tr><td>Filing a brief in support of an appeal</td><td style="text-align: right;">_____</td></tr> <tr><td>Request for oral hearing</td><td style="text-align: right;">_____</td></tr> <tr><td>Petition to revive unavoidably abandoned application</td><td style="text-align: right;">_____</td></tr> <tr><td>Petition to revive unintentionally abandoned application</td><td style="text-align: right;">_____</td></tr> <tr><td>Issue fee</td><td style="text-align: right;">_____</td></tr> <tr><td>Petitions to the Commissioner</td><td style="text-align: right;">_____</td></tr> <tr><td>Petitions related to provisional applications</td><td style="text-align: right;">_____</td></tr> <tr><td>Submission of Information Disclosure Stmt.</td><td style="text-align: right;">_____</td></tr> <tr><td>Recording each patent assignment per property</td><td style="text-align: right;">_____</td></tr> <tr><td>Other fee (specify) <u>Advance Order (10 copies)</u></td><td style="text-align: right;">_____</td></tr> <tr><td>Other fee (specify)</td><td style="text-align: right;">_____</td></tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (3) _____</p>	Fee Description	Fee Paid	Surcharge-late filing fee or oath	_____	Surcharge - late provisional filing fee or cover sheet	_____	Extension for response within first month	_____	Extension for response within second month	_____	Extension for response within third month	_____	Extension for response within fourth month	_____	Notice of Appeal	_____	Filing a brief in support of an appeal	_____	Request for oral hearing	_____	Petition to revive unavoidably abandoned application	_____	Petition to revive unintentionally abandoned application	_____	Issue fee	_____	Petitions to the Commissioner	_____	Petitions related to provisional applications	_____	Submission of Information Disclosure Stmt.	_____	Recording each patent assignment per property	_____	Other fee (specify) <u>Advance Order (10 copies)</u>	_____	Other fee (specify)	_____
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Submitted By:

Typed or

Printed Name Kathleen D. Rigaut

Reg. Number 43,047

Signature Kathleen D. Rigaut

Date September 29, 2003

Deposit Account User ID
04-1406